

November-15-12 8:55:47 AM

93155

Item ID: D2932-2

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Saddle RH Out, 206

Stop ***NS2***

Start Date: 11/15/12 **Start Qty:** 6.00

6

Cust Item ID:

Required Date: 11/30/12 **Req'd Qty:** 6.00

6

Customer:

Reference:

Run Start *NR1*

Approvals: Process Plan: MCS Date: 12-11-15 Tooling:

Date:

QC: _____ Date: _____ SPC (Y/N): _____

Date:

Stop ***NR2***

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 93155

93155

Page 2

November-15-12 8:55:47 AM

Item ID: D2932-2 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Saddle RH Out, 206
 Start Date: 11/15/12 Start Qty: 6.00 *6* Cust Item ID:
 Required Date: 11/30/12 Req'd Qty: 6.00 *6* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00		DAS 14 9-89 13/01/06		6	10		
140 *140* HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1 Memo	0.00 0.00				6	16	13-1-7	
150 *150* Powdercoat Powder Coating	White Gloss(Ref 4.3.5.1) per QSI005 4.3-Alum M123383 Memo START TIME: 2:30 3:00 FINISH TIME: 3:00	0.00 0.00				6	4	13-1-7	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 93155

93155

Page 3

November-15-12 8:55:47 AM

Item ID: D2932-2 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Saddle RH Out, 206
Start Date: 11/15/12 Start Qty: 6.00 ***6*** Cust Item ID:
Required Date: 11/30/12 Req'd Qty: 6.00 ***6*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	QC3- Inspect Part Finish	0.00							
160									
QC	Memo	0.00							
Quality Control									
170	Identify as per dwg & Stock Location: ST 427	0.00							
170									
Packaging	Memo	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

13/01/07
13/01/08
13/11/10
13-01-08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

November-15-12 8:55:47 AM

Page 1

Work Order ID: 93155

Parent Item: D2932-2

Parent Item Name: Saddle RH Out, 206

Start Date: 11/15/12

Required Date: 11/30/12

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP: B00.06.26New DWG rev (mpp 2069)EC
IPP Rev:C As per Rev C 07-03-19 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-003 Saddle Billet, 7075		Manufactured	No			100	Each	20.0000	1	6		10 12/12/131	

Location	Loc Qty	Loc Code
MAT040	19	
73775	2	
73780	7	
78599	10	
80765	0	
MAT044	1	
73769	1	

91239

91238

5

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY :											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

DART AEROSPACE LTD		Work Order:	93155
Description: 206 Saddle, Outboard, Right side		Part Number:	D2932-2
Inspection Dwg: D2932 Rev. C		Page 1 of 1	

Inspect dimensions highlighted on inspection sheet drawing D2932 Rev. C and record below:

				Recorded Actual Dimensions					
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	By	Date
A	0.100	0.140		.120	.119	.120	.120		
B	0.100	0.140		.122	.122	.121	.120		
C	0.100	0.140		.120	.120	.118	.117		
D	0.210	0.230		.220	.221	.219	.218		
E	1.245	1.255		1.250	1.250	1.250	1.250		
F	1.245	1.255		1.250	1.250	1.250	1.250		
G	2.495	2.505		2.500	2.500	2.500	2.500		
H	0.510	0.515		.512	.512	.512	.512		
I	1.572	1.582		1.577	1.577	1.577	1.577		
J	2.495	2.505		2.500	2.500	2.500	2.500		
K	0.257	0.262		.258	.258	.258	.258		
L	0.312	0.317		.314	.314	.314	.314		
M	0.235	0.240		.237	.237	.237	.237		
N	0.100	0.140		.120	.122	.120	.120		
O	0.540	0.560		.550	.551	.551	.551		
P	0.490	0.510		.500	.502	.500	.500		
Q	3.715	3.725		3.720	3.720	3.720	3.720		
R	2.470	2.510		2.491	2.491	2.491	2.491		
S	0.240	0.270		.254	.251	.251	.252		
T	0.100	0.180		.135	.135	.135	.135		
U	1.625	1.635		1.630	1.630	1.630	1.630		
V	1.362	1.372		1.367	1.367	1.367	1.367		
W	0.316	0.321		.316	.316	.316	.316		
X	1.125	1.145		1.134	1.135	1.135	1.135		
Y	1.565	1.585		1.575	1.577	1.575	1.575		
Z	0.178	0.198		.188	.188	.188	.188		
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject									

Measured by:	FK
Date:	13/01/05

Audited by:	DAS
Date:	14/01/06

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	

DART AEROSPACE LTD	Work Order:	93155
Description: 206 Saddle, Outboard, Right side	Part Number:	D2932-2
Inspection Dwg: D2932 Rev. C		Page 1 of 1

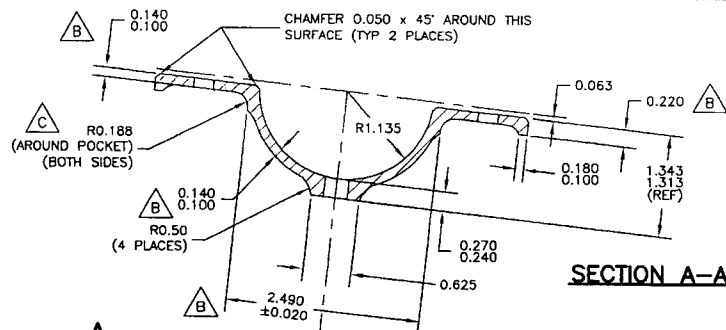
Inspect dimensions highlighted on inspection sheet drawing D2932 Rev. C and record below:

				Recorded Actual Dimensions					
Dim	Min	Max	Go/No Go Gauge	5	6	3	4	By	Date
A	0.100	0.140		.119	.120				
B	0.100	0.140		.121	.122				
C	0.100	0.140		.117	.118				
D	0.210	0.230		.220	.218				
E	1.245	1.255		1.250	1.250				
F	1.245	1.255		1.250	1.250				
G	2.495	2.505		2.500	2.500				
H	0.510	0.515		.512	.512				
I	1.572	1.582		1.577	1.577				
J	2.495	2.505		2.500	2.500				
K	0.257	0.262		.258	.258				
L	0.312	0.317		.314	.314				
M	0.235	0.240		.237	.237				
N	0.100	0.140		.120	.119				
O	0.540	0.560		.550	.551				
P	0.490	0.510		.503	.503				
Q	3.715	3.725		3.720	3.720				
R	2.470	2.510		2.491	2.491				
S	0.240	0.270		.251	.251				
T	0.100	0.180		.135	.135				
U	1.625	1.635		1.620	1.620				
V	1.362	1.372		1.367	1.367				
W	0.316	0.321		.316	.316				
X	1.125	1.145		1.136	1.135				
Y	1.565	1.585		1.576	1.575				
Z	0.178	0.198		.188	.188				
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject									

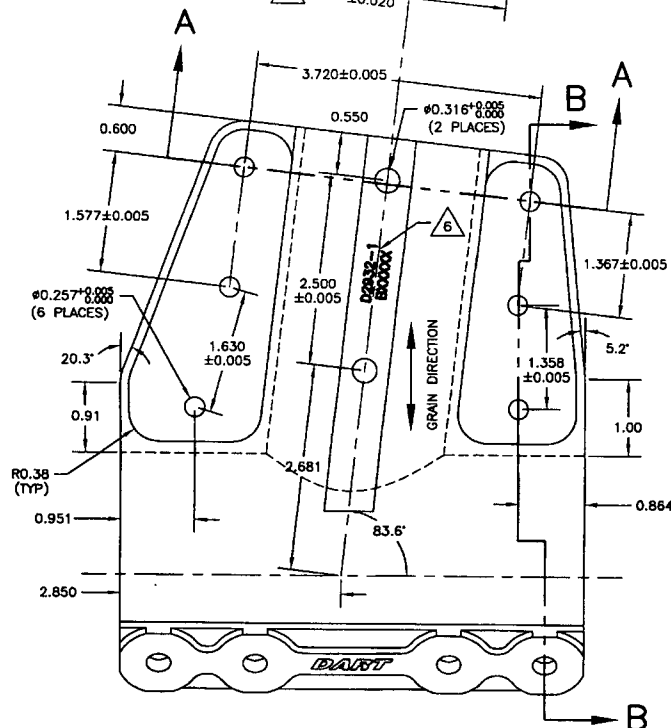
Measured by:	FR
Date:	13/01/06

Audited by:	DAS 14
Date:	9-83 13/01/06

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	



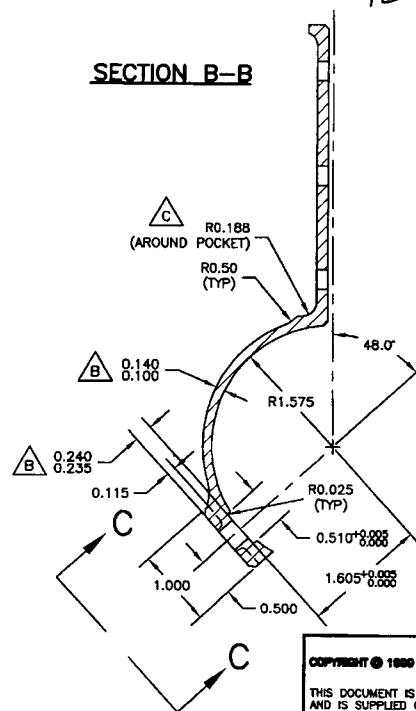
SECTION A-A



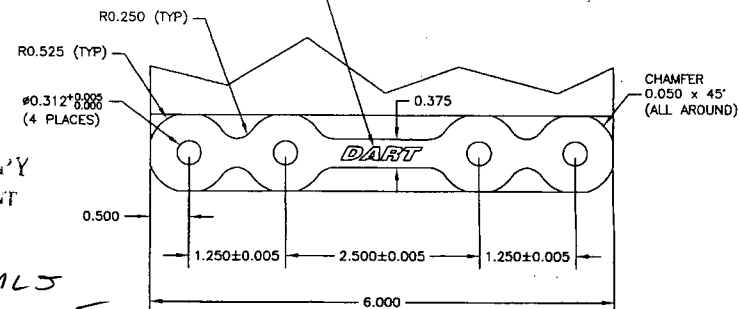
RELEASED

07-02-12

SECTION B-B



ENGRAVE DART LOGO TO MAX DEPTH OF 0.005 WITH MIN RAD 0.250



VIEW C-C

D2932-1 LH SADDLE (SHOWN)
D2932-2 RH SADDLE (OPPOSITE)

NOTES:

- 1) MATERIAL: ALUMINUM 7075-T7351 (QQ-A-250/12)
(MAKE FROM D6101-003 SADDLE BILLET, 7075)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3
- 3) BREAK ALL SHARP EDGES 0.010 TO 0.020
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP

C	06.11.09	R0.188 WAS R0.30 TO R0.25
B	00.05.29	CHANGED GEOMETRY AND MATERIAL
A	99.10.29	NEW ISSUE
DESIGN	4	DRAWN BY CB
CHECKED	PH	APPROVED
DATE	06.11.09	TITLE
		SADDLE OUTSIDE

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DART AEROSPACE USA, INC.
BELLEVUE, WA

DRAWING NO. D2932

REV. C

SHEET 1 OF 1

SCALE

2:3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
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Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											
FAULT CATEGORY																											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other																